



332 W. Cumberland Gap Pkwy., Ste. 100
Corbin, KY 40701

Phone (606) 523-9760 Fax (606) 523-9519

SCANNED / QC

MAR 28 2008

March 27, 2008

Kentucky Division of Water
14 Reilly Road
Frankfort, KY 40601

RE: Blue Gem Mining Co., Inc.
KPDES Permit Number KY0079154

Dear Sir/Madam:

Please find attached the "Change in Ownership Certification", the renewal application and a cashier's check in the amount of \$640.00, for the above referenced permit.

If you have any questions or require additional information, please feel free to contact me (606) 523-9760 or by email at gadams@aldenresources.com.

Thank You,

A handwritten signature in black ink, appearing to read "George Adams".

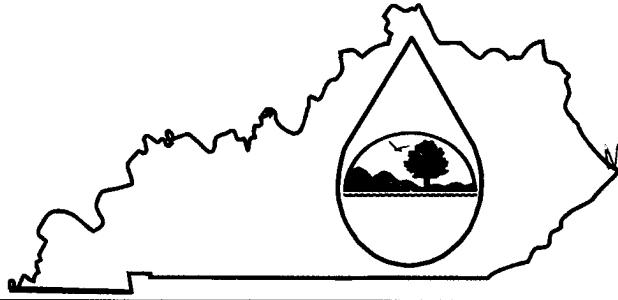
George Adams
Manager Technical Services

attachments

KPDES FORM 1

35758

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM



PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
☒ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Form SC

For additional information contact:

KPDES Branch (502) 564-3410

\$640.00

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE	0	0	7	9	1	5	4
A. Name of business, municipality, company, etc. requesting permit Alden Resources LLC									
B. Facility Name and Location					C. Primary Mailing Address (all facility correspondence will be sent to this address). Include owner mailing address on a separate sheet if different.				
Facility Location Name: Bennett's Branch					Facility Contact Name and Title: Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Keith Smith				
Facility Location Address (i.e. street, road, etc., not PO Box): 8555 East Highway 904					Mailing Address: 332 W. Cumberland Gap Pkwy., Suite 100				
Facility Location City, State, Zip Code: Nevisdale, KY 40754					Mailing City, State, Zip Code: Corbin, KY 40701				
					Facility Contact Telephone Number: (606) 523-9760				

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc: Stormwater runoff for the processing and tipping of coal.

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description: 1241 Coal Preparation

Other SIC Codes:

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)

B. County where facility is located:

Whitley

City where facility is located (if applicable):

N/A Nearest Community Gatliff

C. Body of water receiving discharge:

Bennett's Branch of Patterson Creek

D. Facility Site Latitude (degrees, minutes, seconds):

36°40'43"

Facility Site Longitude (degrees, minutes, seconds):

84°01'03"

E. Method used to obtain latitude & longitude (see instructions):

Electronic Quad Map Coordinates

F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):

N/A

IV. OWNER/OPERATOR INFORMATION**A. Type of Ownership:**

☐ Publicly Owned ☒ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned

B. Operator Contact Information (See instructions)

Name of Treatment Plant Operator:

N/A

Telephone Number:

Operator Mailing Address (Street):

Operator Mailing Address (City, State, Zip Code):

Is the operator also the owner?

Yes ☐ No ☐

Is the operator certified? If yes, list certification class and number below.

Yes ☐ No ☐

Certification Class:

Certification Number:

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:

KY0079154

Issue Date of Current Permit:

3/28/05

Expiration Date of Current Permit:

8/31/08

Number of Times Permit Reissued:

4

Date of Original Permit Issuance:

9/29/85

Sludge Disposal Permit Number:

Kentucky DOW Operational Permit #:

KY0079154

Kentucky DSMRE Permit Number(s):

918-8012

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	101-4040-0015	Issued
Solid or Special Waste		
Hazardous Waste - Registration or Permit		

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):

Engineer - Keith Smith

DMR Official Telephone Number:

(606) 523-9760

B. DMR Mailing Address:

- Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or
- Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address.

DMR Mailing Name:

Alden Resources LLC

DMR Mailing Address:

332 West Cumberland Gap Parkway, Suite 100

DMR Mailing City, State, Zip Code:

Corbin, KY 40701

VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:

Filing Fee Enclosed:

Major Industry

\$640.00

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):

TELEPHONE NUMBER (area code and number):

Mr. ☒ Ms. ☐ Keith Smith, President

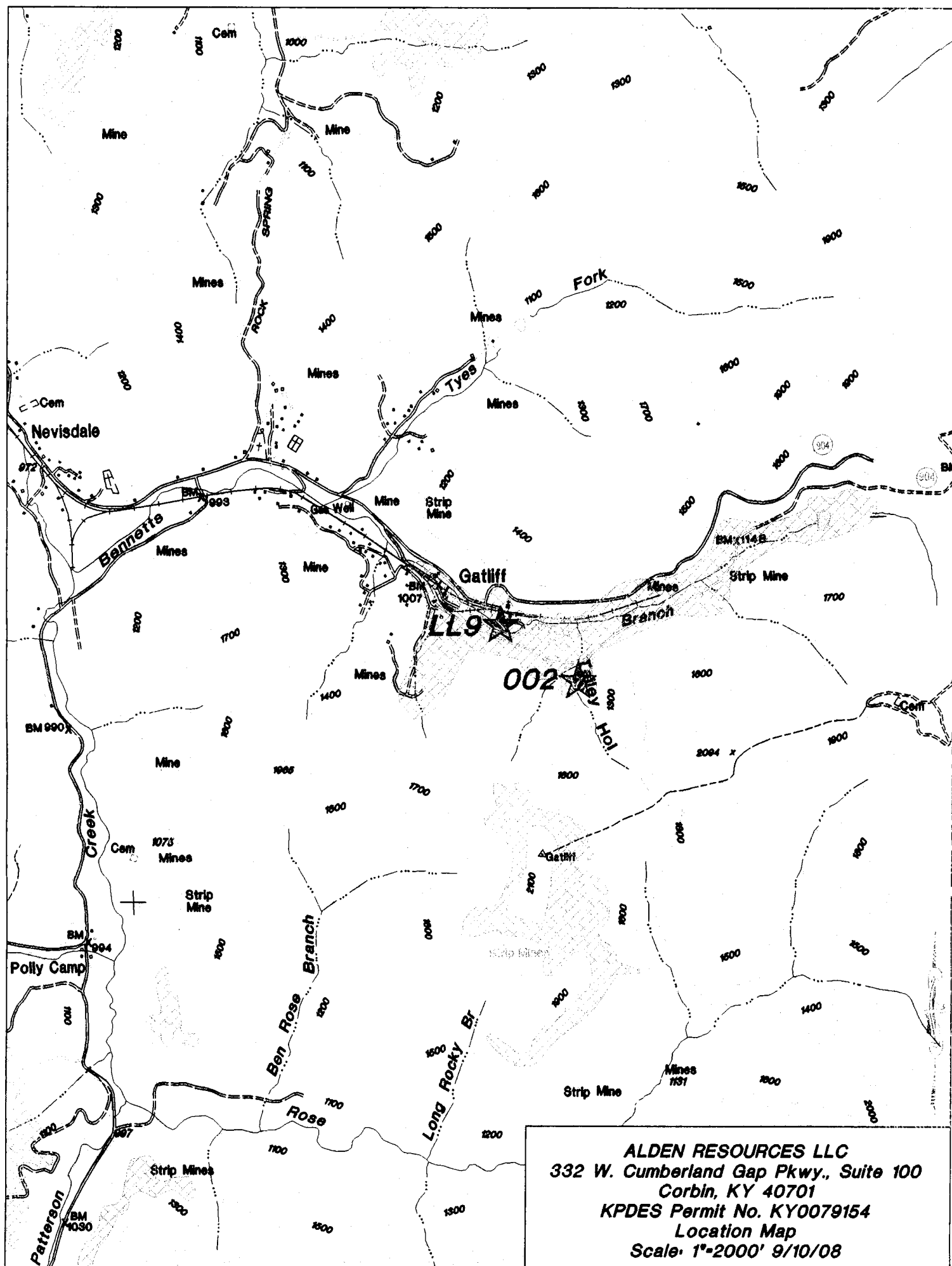
(606) 523-9760

SIGNATURE



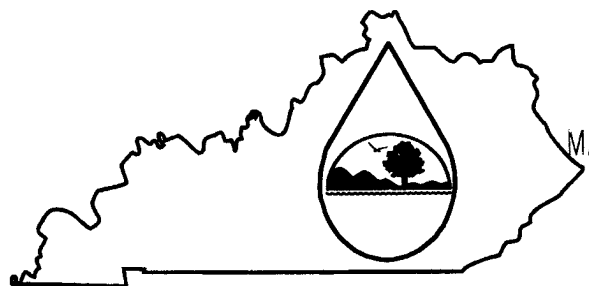
DATE:

3/27/08



KPDES FORM C

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM



MAR 28 2008

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact KPDES Branch, (502) 564-3410.

Name of Facility: <u>ALDEN RESOURCES LLC</u>	County: <u>WHITLEY</u>
I. OUTFALL LOCATION	AGENCY USE

For each outfall list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

Outfall No. (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
002	36	40	34.337	84	01	17.295	BENNETT'S BRANCH OF PATTERSON CK.
LL9	36	40	43.815	84	01	17.295	BENNETT'S BRANCH OF PATTERSON CK.

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

- A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfall. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.
- B. For each outfall, provide a description of: (1) all operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) the average flow contributed by each operation; and (3) the treatment received by the wastewater. Continue on additional sheets if necessary.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	Description	List Codes from Table C-1
002	DISCHARGES FROM STEEP SLOPE & MOUNTAIN TOP REMOVAL AREA		NONE	
LL9	DISCHARGES FROM PREPARATION PLANT & ASSOCIATED AREAS		NONE	

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (Continued)

C. Except for storm water runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?



Yes (Complete the following table.)



No (Go to Section III.)

OUTFALL NUMBER	OPERATIONS CONTRIBUTING FLOW	FREQUENCY		FLOW				Duration (in days)
		Days Per Week	Months Per Year	Flow Rate (in mgd)		Total volume (specify with units)		
				Long-Term Average	Maximum Daily	Long-Term Average	Maximum Daily	
(list)	(list)	(specify average)	(specify average)					
002 LL9	N/A N/A	5 5	12 12	193,000	242,000			7

III. MAXIMUM PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?



Yes (Complete Item III-B) List effluent guideline category:



No (Go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measures of operation)?



Yes (Complete Item III-C)



No (Go to Section IV)

C. If you answered "Yes" to Item III-B, list the quantity which represents the actual measurement of your maximum level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

MAXIMUM QUANTITY			Affected Outfalls (list outfall numbers)
Quantity Per Day	Units of Measure	Operation, Product, Material, Etc. (specify)	

IV. IMPROVEMENTS

A. Are you now required by any federal, state or local authority to meet any implementation schedule for the construction, upgrading, or operation of wastewater equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders and grant or loan conditions.



Yes (Complete the following table)



No (Go to Item IV-B)

IDENTIFICATION OF CONDITION AGREEMENT, ETC.	AFFECTED OUTFALLS		BRIEF DESCRIPTION OF PROJECT	FINAL COMPLIANCE DATE	
	No.	Source of Discharge		Required	Projected

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided.

NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered 5-18.

D. Use the space below to list any of the pollutants (refer to SARA Title III, Section 313) listed in Table C-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

POLLUTANT	SOURCE	POLLUTANT	SOURCE
N/A			

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

A. Is any pollutant listed in Item V-C a substance or a component of a substance which you use or produce, or expect to use or produce over the next 5 years as an immediate or final product or byproduct?

☐

Yes (List all such pollutants below)

☒

No (Go to Item VI-B)

--

B. Are your operations such that your raw materials, processes, or products can reasonably be expected to vary so that your discharge of pollutants may during the next 5 years exceed two times the maximum values reported in Item V?

☐

Yes (Complete Item VI-C)

☒

No (Go to Item VII)

C. If you answered "Yes" to Item VI-B, explain below and describe in detail to the best of your ability at this time the sources and expected levels of such pollutants which you anticipate will be discharged from each outfall over the next 5 years. Continue on additional sheets if you need more space.

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VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge of or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes (Identify the test(s) and describe their purposes below)

☒ No (Go to Section VIII)

VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?


☐ Yes (list the name, address, and telephone number of, and pollutants analyzed by each such laboratory or firm below)

☒ No (Go to Section IX)

NAME	ADDRESS	TELEPHONE (Area code & number)	POLLUTANTS ANALYZED (list)

IX. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): KEITH SMITH, PRESIDENT	TELEPHONE NUMBER (area code and number): (606) 523-9760
SIGNATURE 	DATE 3/27/08

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages. (See instructions)

V. INTAKE AND EFFLUENT CHARACTERISTICS (Continued from page 3 of Form C)										OUTFALL NO. <u>LL9</u>		
Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.												
1. POLLUTANT	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE (optional)			
	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No of Analyses
	(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)	
	Concentration	Mass	Concentration	Mass	Concentration	Mass				Concentration	Mass	
a. Biochemical Oxygen Demand (BOD)	—											
b. Chemical Oxygen Demand (COD)	—											
c. Total Organic Carbon (TOC)	—											
d. Total Suspended Solids (TSS)	1.52mg/l						1	5mg/l				
e. Ammonia (as N)	—											
f. Flow (in units of MGD)	VALUE 0.5		VALUE		VALUE		1		MGD	VALUE		
g. Temperature (winter)	VALUE —		VALUE		VALUE				°C	VALUE		
h. Temperature (summer)	VALUE —		VALUE		VALUE				°C	VALUE		
i. pH <u>7.83</u>	MINIMUM 7.70	MAXIMUM 7.90	MINIMUM	MAXIMUM			1		STANDARD UNITS			

Part B - In the MARK "X" column, place an "X" in the Believed Present column for each pollutant you know or have reason to believe is present. Place an "X" in the Believed Absent column for each pollutant you believe to be absent. If you mark the Believed Present column for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT								4. UNITS		6. INTAKE (optional)		
	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses	
			(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass		
a. Bromide (24959-67-9)															
b. Bromine Total Residual															
c. Chloride															
d. Chlorine, Total Residual															
e. Color															
f. Fecal Coliform															
g. Fluoride (16984-48-8)															
h. Hardness (as CaCO ₃)			310.63		310.63				1		mgCaCO ₃ /l				
i. Nitrate - Nitrite (as N)															
j. Nitrogen, Total Organic (as N)															
k. Oil and Grease															
l. Phosphorous (as P), Total 7723-14-0															
m. Radioactivity															
(1) Alpha, Total															
(2) Beta, Total															
(3) Radium Total															
(4) Radium, 226, Total															

Part B - Continued														
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"		3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. of Analyses
			(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
n. Sulfate (as SO ₄) (14808-79-8)	X		X						1	mg/l				
o. Sulfide (as S)														
p. Sulfite (as SO ₃) (14286-46-3)														
q. Surfactants														
r. Aluminum, Total (7429-90)														
s. Barium, Total (7440-39-3)														
t. Boron, Total (7440-42-8)														
u. Cobalt, Total (7440-48-4)														
v. Iron, Total (7439-89-6)	X		X						1	mg/l				
w. Magnesium Total (7439-96-4)														
x. Molybdenum Total (7439-98-7)														
y. Manganese, Total (7439-96-6)	X		X						1	mg/l				
z. Tin, Total (7440-31-5)														
aa. Titanium, Total (7440-32-6)														

Part C – If you are a primary industry and this outfall contains process wastewater, refer to Table C-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark “X” in the **Testing Required** column for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark this column (secondary industries, nonprocess wastewater outfalls, and non-required GC/MS fractions), mark “X” in the **Believed Present** column for each pollutant you know or have reason to believe is present. Mark “X” in the **Believed Absent** column for each pollutant you believe to be absent. If you mark either the **Testing Required** or **Believed Present** columns for any pollutant, you must provide the result of at least one analysis for that pollutant. Note that there are seven pages to this part; please review each carefully. Complete one table (all seven pages) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT And CAS NO. (If available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)			
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses		
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass			
METALS, CYANIDE AND TOTAL PHENOLS																	
1M. Antimony Total (7440-36-0)	LO.002			LO.002						1	mg/l						
2M. Arsenic, Total (7440-38-2)	LO.001			LO.001						1	mg/l						
3M. Beryllium Total (7440-41-7)	LO.0002			LO.0002						1	mg/l						
4M. Cadmium Total (7440-43-9)	LO.0002			LO.0002						1	mg/l						
5M. Chromium Total (7440-43-9)	LO.004			LO.004						1	mg/l						
6M. Copper Total (7550-50-8)	0.002			0.002						1	mg/l						
7M. Lead Total (7439-92-1)	LO.004			LO.004						1	mg/l						
8M. Mercury Total (7439-97-6)	LO.0002			LO.0002						1	mg/l						
9M. Nickel, Total (7440-02-0)	0.058			0.058						1	mg/l						
10M. Selenium, Total (7782-49-2)	0.008			0.008						1	mg/l						
11M. Silver, Total (7440-28-0)	LO.005			LO.005						1	mg/l						

Part C – Continued																
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses	
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass		
METALS, CYANIDE AND TOTAL PHENOLS (Continued)																
12M. Thallium, Total (7440-28-0)	0.004			0.004						1	mg/L					
13M. Zinc, Total (7440-66-6)	0.070			0.070						1	mg/L					
14M. Cyanide, Total (57-12-5)	0.005			0.005						1	mg/L					
15M. Phenols, Total	0.01			0.01						1	mg/L					
DIOXIN																
2,3,7,8 Tetra- chlorodibenzo, P, Dioxin (1784-01-6)				DESCRIBE RESULTS:												
GC/MS FRACTION – VOLATILE COMPOUNDS																
1V. Acrolein (107-02-8)																
2V. Acrylonitrile (107-13-1)																
3V. Benzene (71-43-2)																
5V. Bromoform (75-25-2)																
6V. Carbon Tetrachloride (56-23-5)																
7V. Chloro- benzene (108-90-7)																
8V. Chlorodibromomethane (124-48-1)																

Part C – Continued															
1. POLLUTANT And CAS NO. (if available)	2. MARK “X”			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)	
				Concentration	Mass	Concentration	Mass	Concentration	Mass				Concentration	Mass	
9V. Chloroethane (74-00-3)															
10V. 2-Chloro- ethylvinyl Ether (110-75-8)															
11V. Chloroform (67-66-3)															
12V. Dichloro- bromomethane (75-71-8)															
14V. 1,1- Dichloroethane (75-34-3)															
15V. 1,2- Dichloroethane (107-06-2)															
16V. 1,1- Dichloroethylene (75-35-4)															
17V. 1,2-Di- chloropropane (78-87-5)															
18V. 1,3- Dichloropro- pylene (452-75-6)															
19V. Ethyl- benzene (100-41-4)															
20V. Methyl Bromide (74-83-9)															

Part C – Continued																
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. of Analyses	
				(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)		
				Concentration	Mass	Concentration	Mass	Concentration	Mass				Concentration	Mass		
21V. Methyl Chloride (74-87-3)																
22V. Methylene Chloride (75-00-2)																
23V. 1,1,2,2- Tetrachloro- ethane (79-34-5)																
24V. Tetrachloro- ethylene (127-18-4)																
25V. Toluene (108-88-3)																
26V. 1,2-Trans- Dichloro- ethylene (156-60-5)																
27V. 1,1,1-Tri- chloroethane (71-55-6)																
28V. 1,1,2-Tri- chloroethane (79-00-5)																
29V. Trichloro- ethylene (79-01-6)																
30V. Vinyl Chloride (75-01-4)																

Part C – Continued																
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses	
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass		
GC/MS FRACTION – ACID COMPOUNDS																
1A. 2-Chloro-phenol (95-57-8)																
2A. 2,4-Dichloro-phenol (120-83-2)																
3A. 2,4-Dimethylphenol (105-67-9)																
4A. 4,6-Dinitro-o-cresol (534-52-1)																
5A. 2,4-Dinitro-phenol (51-28-5)																
6A. 2-Nitro-phenol (88-75-5)																
7A. 4-Nitro-phenol (100-02-7)																
8A. P-chloro-m-cresol (59-50-7)																
9A. Pentachloro-phenol (87-88-5)																
10A. Phenol (108-05-2)																
11A. 2,4,6-Tri-chlorophenol (88-06-2)																
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS																
1B. Acenaphthene (83-32-9)																

Part C – Continued																
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses	
				(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)		
				Concentration	Mass	Concentration	Mass	Concentration	Mass				Concentration	Mass		
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)																
2B. Acena- phtylene (208-96-8)																
3B. Anthra- cene (120-12-7)																
4B. Benzidine (92-87-5)																
5B. Benzo(a)- anthracene (56-55-3)																
6B. Benzo(a)- pyrene (50-32-8)																
7B. 3,4-Benzo- fluoranthene (205-99-2)																
8B. Benzo(ghi) perylene (191-24-2)																
9B. Benzo(k)- fluoranthene (207-08-9)																
10B. Bis(2- chlor- oethoxy)- methane (111-91-1)																
11B. Bis (2-chlor- oisopropyl)- Ether																
12B. Bis (2-ethyl- hexyl)- phthalate (117-81-7)																

Part C – Continued																
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses	
				(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)		
				Concentration	Mass	Concentration	Mass	Concentration	Mass				Concentration	Mass		
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)																
13B. 4-Bromo-phenyl Phenyl ether (101-55-3)																
14B. Butyl- benzyl phthalate (85-68-7)																
15B. 2-Chloro- naphthalene (7005-72-3)																
16B. 4-Chloro- phenyl phenyl ether (7005-72-3)																
17B. Chrysene (218-01-9)																
18B. Dibenzo- (a,h) Anthracene (53-70-3)																
19B. 1,2- Dichloro- benzene (95-50-1)																
20B. 1,3- Dichloro- Benzene (541-73-1)																
21B. 1,4- Dichloro- benzene (106-46-7)																
22B. 3,3- Dichloro- benzidine (91-94-1)																
23B. Diethyl Phthalate (84-66-2)																

Part C -- Continued															
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. of Analyses
				(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)	
				Concentration	Mass	Concentration	Mass	Concentration	Mass				Concentration	Mass	
GC/MS FRACTION -- BASE/NEUTRAL COMPOUNDS (Continued)															
24B. Dimethyl Phthalate (131-11-3)															
25B. Di-N-butyl Phthalate (84-74-2)															
26B. 2,4-Dinitro-toluene (121-14-2)															
27B. 2,6-Dinitro-toluene (606-20-2)															
28B. Di-n-octyl Phthalate (117-84-0)															
29B. 1,2-diphenyl-hydrazine (as azonbenzene) (122-66-7)															
30B. Fluoranthene (208-44-0)															
31B. Fluorene (86-73-7)															
32B. Hexachloro-benzene (118-71-1)															
33B. Hexachloro-butadiene (87-68-3)															
34B. Hexachloro-cyclopenta-diene (77-47-4)															

Part C – Continued															
1. POLLUTANT And CAS NO. (if available)	2. MARK “X”			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)	
				Concentration	Mass	Concentration	Mass	Concentration	Mass				Concentration	Mass	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
35B. Hexachloroethane (67-72-1)															
36B. Indneo-(1,2,3-oc)-Pyrene (193-39-5)															
37B. Isophorone (78-59-1)															
38B. Napthalene (91-20-3)															
39B. Nitrobenzene (98-95-3)															
40B. N-Nitroso-dimethyl-amine (62-75-9)															
41B. N-nitrosodi-n-propylamine (621-64-7)															
42B. N-nitrosodiphenyl-amine (86-30-6)															
43B. Phenanthrene (85-01-8)															
44B. Pyrene (129-00-0)															
45B. 1,2,4 Tri-chloro-benzene (120-82-1)															

Part C – Continued																
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. of Analyses	
				(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)		
				Concentration	Mass	Concentration	Mass	Concentration	Mass				Concentration	Mass		
GC/MS FRACTION – PESTICIDES																
1P. Aldrin (309-00-2)																
2P. α-BHC (319-84-6)																
3P. β-BHC (58-89-9)																
4P. gamma-BHC (58-89-9)																
5P. δ-BHC (319-86-8)																
6P. Chlordane (57-74-9)																
7P. 4,4'-DDT (50-29-3)																
8P. 4,4'-DDE (72-55-9)																
9P. 4,4'-DDD (72-54-8)																
10P. Dieldrin (60-57-1)																
11P. α- Endosulfan (115-29-7)																
12P. β- Endosulfan (115-29-7)																
13P. Endosulfan Sulfate (1031-07-8)																
14P. Endrin (72-20-8)																

Part C – Continued																
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses	
				(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)		
				Concentration	Mass	Concentration	Mass	Concentration	Mass				Concentration	Mass		
GC/MS FRACTION – PESTICIDES																
15P. Endrin Aldehyde (7421-93-4)																
16P. Heptachlor (76-44-8)																
17P. Heptachlor Epoxide (1024-57-3)																
18P. PCB-1242 (53469-21-9)																
19P. PCB-1254 (11097-69-1)																
20P. PCB-1221 (11104-28-2)																
21P. PCB-1232 (11141-16-5)																
22P. PCB-1248 (12672-29-6)																
23P. PCB-1260 (11096-82-5)																
24P. PCB-1016 (12674-11-2)																
25P. Toxaphene (8001-35-2)																

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages. (See instructions)

V. INTAKE AND EFFLUENT CHARACTERISTICS (Continued from page 3 of Form C)											OUTFALL NO.	
Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.												
1. POLLUTANT	2. EFFLUENT							3. UNITS (specify if blank)		4. INTAKE (optional)		
	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No of Analyses
	(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)	
	Concentration	Mass	Concentration	Mass	Concentration	Mass				Concentration	Mass	
a. Biochemical Oxygen Demand (BOD)	—											
b. Chemical Oxygen Demand (COD)	—											
c. Total Organic Carbon (TOC)	—											
d. Total Suspended Solids (TSS)	7.3 mg/l		5				1	mg/L				
e. Ammonia (as N)	—											
f. Flow (in units of MGD)	VALUE	— 0	VALUE		VALUE		1		MGD	VALUE		
g. Temperature (winter)	VALUE	—	VALUE		VALUE				°c	VALUE		
h. Temperature (summer)	VALUE	—	VALUE		VALUE				°c	VALUE		
i. pH	7.58	MINIMUM 7.40 MAXIMUM 7.70	MINIMUM	MAXIMUM			1		STANDARD UNITS			

Part B - In the MARK "X" column, place an "X" in the Believed Present column for each pollutant you know or have reason to believe is present. Place an "X" in the Believed Absent column for each pollutant you believe to be absent. If you mark the Believed Present column for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT								4. UNITS		6. INTAKE (optional)		
	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses	
			(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass		
a. Bromide (24959-67-9)															
b. Bromine Total Residual															
c. Chloride															
d. Chlorine, Total Residual															
e. Color															
f. Fecal Coliform															
g. Fluoride (16984-48-8)															
h. Hardness (as CaCO ₃)			156	156	X					1	mg CaCO ₃ /L				
i. Nitrate - Nitrite (as N)															
j. Nitrogen, Total Organic (as N)															
k. Oil and Grease															
l. Phosphorous (as P), Total 7723-14-0															
m. Radioactivity															
(1) Alpha, Total															
(2) Beta, Total															
(3) Radium Total															
(4) Radium, 226, Total															

Part B - Continued														
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"		3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. Believed Present	b. Believed Absent	a. Maximum-Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. of Analyses
			(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
n. Sulfate (as SO ₄) (14808-79-8)	51.2		51.2						1	mg/L				
o. Sulfide (as S)														
p. Sulfite (as SO ₃) (14286-46-3)														
q. Surfactants														
r. Aluminum, Total (7429-90)														
s. Barium, Total (7440-39-3)														
t. Boron, Total (7440-42-8)														
u. Cobalt, Total (7440-48-4)														
v. Iron, Total (7439-89-6)	0.26		0.26						1	mg/L				
w. Magnesium Total (7439-96-4)														
x. Molybdenum Total (7439-98-7)														
y. Manganese, Total (7439-96-6)	0.15		0.15						1	mg/L				
z. Tin, Total (7440-31-5)														
aa. Titanium, Total (7440-32-6)														

Part C – If you are a primary industry and this outfall contains process wastewater, refer to Table C-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in the **Testing Required** column for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark this column (secondary industries, nonprocess wastewater outfalls, and non-required GC/MS fractions), mark "X" in the **Believed Present** column for each pollutant you know or have reason to believe is present. Mark "X" in the **Believed Absent** column for each pollutant you believe to be absent. If you mark either the **Testing Required** or **Believed Present** columns for any pollutant, you must provide the result of at least one analysis for that pollutant. Note that there are seven pages to this part; please review each carefully. Complete one table (all seven pages) for each outfall. See instructions for additional details and requirements.

Use table (on several pages) for each analyte. See instructions for additional details and requirements.																
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses	
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass		
METALS, CYANIDE AND TOTAL PHENOLS																
1M. Antimony Total (7440-36-0)	LO.002			LO.002						1	mg/L					
2M. Arsenic, Total (7440-38-2)	LO.001			LO.001						1	mg/L					
3M. Beryllium Total (7440-41-7)	LO.0002			LO.0002						1	mg/L					
4M. Cadmium Total (7440-43-9)	LO.0002			LO.0002						1	mg/L					
5M. Chromium Total (7440-43-9)	LO.004			LO.004						1	mg/L					
6M. Copper Total (7550-50-8)	0.002			0.002						1	mg/L					
7M. Lead Total (7439-92-1)	LO.004			LO.004						1	mg/L					
8M. Mercury Total (7439-97-6)	LO.0002			LO.0002						1	mg/L					
9M. Nickel, Total (7440-02-0)	0.005			0.005						1	mg/L					
10M. Selenium, Total (7782-49-2)	LO.002			LO.002						1	mg/L					
11M. Silver, Total (7440-28-0)	LO.005			LO.005						1	mg/L					

Part C – Continued																
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses	
				(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)		
				Concentration	Mass	Concentration	Mass	Concentration	Mass				Concentration	Mass		
METALS, CYANIDE AND TOTAL PHENOLS (Continued)																
12M. Thallium, Total (7440-28-0)	LO.002			LO.002						1	mg/L					
13M. Zinc, Total (7440-66-6)	0.009			0.009						1	mg/L					
14M. Cyanide, Total (57-12-5)	LO.005			LO.005						1	mg/L					
15M. Phenols, Total	0.022			0.022						1	mg/L					
DIOXIN																
2,3,7,8 Tetra- chlorodibenzo, P, Dioxin (1784-01-6)				DESCRIBE RESULTS:												
GC/MS FRACTION – VOLATILE COMPOUNDS																
1V. Acrolein (107-02-8)																
2V. Acrylonitrile (107-13-1)																
3V. Benzene (71-43-2)																
5V. Bromoform (75-25-2)																
6V. Carbon Tetrachloride (56-23-5)																
7V. Chloro- benzene (108-90-7)																
8V. Chlorodibromomethane (124-48-1)																

Part C – Continued															
1. POLLUTANT And CAS NO. (if available)	2. MARK “X”			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)	
				Concentration	Mass	Concentration	Mass	Concentration	Mass				Concentration	Mass	
9V. Chloroethane (74-00-3)															
10V. 2-Chloro- ethylvinyl Ether (110-75-8)															
11V. Chloroform (67-66-3)															
12V. Dichloro- bromomethane (75-71-8)															
14V. 1,1- Dichloroethane (75-34-3)															
15V. 1,2- Dichloroethane (107-06-2)															
16V. 1,1- Dichlorethylene (75-35-4)															
17V. 1,2-Di- chloropropane (78-87-5)															
18V. 1,3- Dichloropro- pylene (452-75-6)															
19V. Ethyl- benzene (100-41-4)															
20V. Methyl Bromide (74-83-9)															